**Policy Statement**

**CLHO Committee:** Communicable Disease

**Policy Statement:** The Oregon Coalition of Local Health Officials supports equal access to low- or no-cost vaccines including strong vaccination programs that protect vulnerable populations and their families and include right-to-know policies.

**Policy Positions:** CLHO supports legislation that:

* Expands individual vaccination access
* Increases public health/family/community surveillance and coverage by requiring public posting of childcare, school, and long-term care employee vaccination rates
* Removes the prohibition on flu vaccination mandate for health care employers
* Expands the data in ALERT IIS to capture old(er) immunization records
* Expands insurance mandate to pay for vaccines, treatment, and prophylaxis for all reportable illnesses and including during declared outbreaks.

**Public Health Issue that Policy Statement is Addressing:**

* Disease prevention and outbreak control
* “Right to know” policy
* Data collection
* Health equity
* Research has shown that vaccines are effective in preventing serious illnesses, disability, and death.

**Justification (data supporting the need to work on this issue)**

Vaccinations are one of the most important and impactful public health interventions. They are responsible for the global eradication of smallpox and for making diseases such as polio and diphtheria very rare.[[1]](#footnote-1) In the United States, all children are required to get vaccinated to attend school, although states vary in the exemptions they allow.

Vaccinations required by Oregon schools include measles, diphtheria, tetanus, pertussis (whooping cough), mumps, rubella, hepatitis A and B, polio and varicella (chickenpox).[[2]](#footnote-2) Oregon allows exemptions and historically has had among the lowest overall vaccination rates in the country.[[3]](#footnote-3),[[4]](#footnote-4) In 2000, the share of people in Oregon counties with kindergarten vaccination rates over 95% was close to 100%; in 2015, it was about 30%.[[5]](#footnote-5) For the 2016-2017 school year, 6.7% of Oregon kindergartners claimed at least one exemption. Only Alaska had a higher rate.[[6]](#footnote-6)

In recent years Oregon has experienced worsening outbreaks of certain diseases that are preventable by vaccination. In 2012, Oregon experienced a pertussis epidemic with the most cases (910) seen in a single year since 1953. Because pertussis often goes undiagnosed in adolescents and adults, it is likely the actual number of cases greatly exceeds the number reported. In 2016, the reported pertussis incidence in Oregon was 4.7/100,000. The incidence among infants has consistently been higher than all other age groups. Infants with pertussis are also the most likely to suffer complications and death. From 2003 to 2016, 249 (35%) of the 707 infants diagnosed with pertussis in Oregon have been hospitalized and five have died.[[7]](#footnote-7)

Oregon has made some progress in increasing healthcare worker flu vaccination rates, but the 2016-2017 season’s rate at 73% still lags behind the Healthy People 2020 goal of 90%. For healthcare workers at skilled nursing facilities, the rate was only 57% during 2016-2017, representing a 9.5 percent drop from the previous season.[[8]](#footnote-8)

There is currently no law or regulation that requires childcare or school employees to be vaccinated. Oregon Occupational Safety and Health (OSHA) requires that Hospitals and Health Systems provide vaccines (citation?). There is no such requirement for education providers. The same holds true for Long Term Care employees.

One strategy to ensuring that everyone has equal access to vaccinations is to ensure that all insurance companies are covering ALL vaccines and treatment of reportable diseases not just during a declared outbreak (as required in HB 3276 (2017)).

Another strategy could be requiring childcare facilities, schools and Long-Term Care Facilities to post the immunization rates of the workers.

**Role of Local Public Health (promising practice/ evidenced-based work)**

Just as children are required to get vaccinated before entering kindergarten, employees of childcare, school, and long-term care facilities should also be required to get vaccinated. Similarly, schools and childcare facilities in Oregon are required to make their vaccination and exemption rates available; the vaccination rates of employees of child care, school, and long-term care facilities should also be available to the public.[[9]](#footnote-9) This information would not only be beneficial to vulnerable families, but it would also be vital in the efforts of local public health to track and contain the spread of communicable diseases.

The role of public health during an outbreak is to track down all those who came in contact through contact tracking. If those who are spreading the disease are employees who work at childcare, schools or long-term care facilities, it presents additional challenges and lengthens the response time during outbreaks when those workers immunization rates are not easily accessible.

**Connection to Modernization Manual Foundational Programs/ Capabilities**

Foundational Programs:

[ ]  Access to Clinical Preventative Services

[x]  Communicable Disease

[ ]  Environmental Health

[ ]  Health Promotion & Prevention

Foundational Capabilities:

[ ]  Assessment & Epidemiology

[ ]  Policy & Planning

[ ]  Leadership & Organizational

[x]  Health Equity

[ ]  Communications

[ ]  Community Partnerships

[ ]  Emergency Preparedness

References used in developing this Policy Statement:

1. "Vaccines & Immunizations." Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/vac-gen/why.htm (accessed August 2, 2018). [↑](#footnote-ref-1)
2. Terry, Lynne. “Low vaccination rates put some Oregon schools at high risk for measles.” OregonLive.com. https://www.oregonlive.com/health/index.ssf/2018/02/low\_vaccination\_rates\_put\_oreg.html (accessed August 2, 2018). [↑](#footnote-ref-2)
3. Lopez, German. “Vaccines, explained.” Vox.com. https://www.vox.com/cards/vaccines/children-required-get-vaccinated (accessed August 2, 2018). [↑](#footnote-ref-3)
4. “Low vaccination rates put some Oregon schools at high risk for measles.” [↑](#footnote-ref-4)
5. Oster, Emily, and Geoffrey Kocks. “After a Debacle, How California Became a Role Model on Measles.” NYTimes.com. https://www.nytimes.com/2018/01/16/upshot/measles-vaccination-california-students.html (accessed August 2, 2018). [↑](#footnote-ref-5)
6. “Low vaccination rates put some Oregon schools at high risk for measles.” [↑](#footnote-ref-6)
7. “Pertussis.” Oregon Health Authority. https://www.oregon.gov/OHA/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/ANNUALREPORTS/Documents/2016/2016-Pertussis.pdf (accessed August 2, 2018). [↑](#footnote-ref-7)
8. “Influenza vaccination rates among Oregon health care workers fall short.” Oregon Health Authority. https://www.oregon.gov/oha/ERD/Pages/OregonHealthCareWorkersInfluenzaVaccinationRatesFallShort.aspx (accessed August 3, 2018). [↑](#footnote-ref-8)
9. “Sharing School Immunization Rates.” Oregon Health Authority. https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/SchRateShare.aspx (accessed August 2, 2018). [↑](#footnote-ref-9)